	n this information to identify your cas				
Deb	tor 1 Sheila Kaye Abrams First Name	Middle Name	Last Name		
1	tor 2 se if, filing) First Name	Middle Name	Last Name		
	_				
Unit	ed States Bankruptcy Court for the:	ASTERN DISTRICT C	F MICHIGAN		
Cas	e number 19-30207-dof				Check if this is an
(_	amended filing
Off	icial Form 106Sum				
		d Liabilities ar	nd Certain Statistical Informatio	n	12/15
infor	mation. Fill out all of your schedules f original forms, you must fill out a new ——	irst; then complete th	are filing together, both are equally responsible information on this form. If you are filing among the box at the top of this page.		
Part	1: Summarize Your Assets				
				_	our assets alue of what you own
1.	Schedule A/B: Property (Official Form 1a. Copy line 55, Total real estate, from			9	82,500.00
	1b. Copy line 62, Total personal propert	y, from Schedule A/B		\$	13,091.00
	1c. Copy line 63, Total of all property on	Schedule A/B		9	95,591.00
Part	2: Summarize Your Liabilities				
					our liabilities mount you owe
2.	Schedule D: Creditors Who Have Claim 2a. Copy the total you listed in Column 2		(Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule I</i>	D \$	190,000.00
3.	Schedule E/F: Creditors Who Have Uns 3a. Copy the total claims from Part 1 (p		l Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the total claims from Part 2 (n	onpriority unsecured c	laims) from line 6j of Schedule E/F	9	85,607.00
			Your total liabili	ies \$_	275,607.00
Part	3: Summarize Your Income and Ex	penses			
4.	Schedule I: Your Income (Official Form Copy your combined monthly income from		1	9	1,706.00
5.	Schedule J: Your Expenses (Official For Copy your monthly expenses from line 2			9	1,705.00
Part	4: Answer These Questions for Ad	ministrative and Stati	stical Records		
6.	Are you filing for bankruptcy under C ☐ No. You have nothing to report on	•	heck this box and submit this form to the court with	n your oth	ner schedules.
	Yes				

What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Best Case Bankruptcy

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,049.83 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

N = lo 1 = m 4	01 . 11 . 14	A.					
Debtor 1	Sheila Kaye		e Name	Last Name			
Debtor 2							
Spouse, if filing	g) First Name	Middle	e Name	Last Name			
Jnited State	es Bankruptcy Court fo	r the: EASTERN	DISTRI	CT OF MICHIGAN			
Case numbe	er 19-30207-dof						☐ Check if this is
							amended filing
Official	Form 106A/E	3					
ched	dule A/B: P	roperty					12/15
				only once. If an asset fits in more than			
				married people are filing together, both his form. On the top of any additional parts			
swer every		attaon a separate s	iloct to ti	ins form. On the top of any additional p	ages, write you	ii name ana cas	c number (ii knowii).
art 1: Desc	cribe Each Residence, E	uilding, Land, or O	ther Real	Estate You Own or Have an Interest In			
		3,,					
Do you ow	n or have any legal or e	quitable interest in a	any resid	lence, building, land, or similar property	?		
Do you ow	, -	quitable interest in a	any resid	lence, building, land, or similar property	?		
□ No. Go t	to Part 2.	quitable interest in a	any resid	lence, building, land, or similar property	?		
□ No. Go t	, -	quitable interest in a	any resid	lence, building, land, or similar property	?		
□ No. Go t	to Part 2.	quitable interest in a	any resid	lence, building, land, or similar property	7?		
□ No. Go t ■ Yes. Wh	to Part 2.	quitable interest in a			?		
□ No. Go t ■ Yes. Wh	to Part 2.	quitable interest in a		t is the property? Check all that apply			in a constitute Dut
No. Go t ■ Yes. Wh	to Part 2.		What	t is the property? Check all that apply Single-family home	Do not d		aims or exemptions. Put d claims on <i>Schedule D</i> :
No. Go t ■ Yes. Wh	to Part 2. There is the property?		What	t is the property? Check all that apply Single-family home Duplex or multi-unit building	Do not d	unt of any secure	
No. Go t ■ Yes. Wh	to Part 2. There is the property?		What	t is the property? Check all that apply Single-family home	Do not d	unt of any secure	d claims on <i>Schedule D:</i>
No. Go t ■ Yes. Wh	to Part 2. There is the property?		What	t is the property? Check all that apply Single-family home Duplex or multi-unit building	Do not d the amou Creditors	unt of any secure s <i>Who Have Clair</i>	d claims on <i>Schedule D:</i> ns Secured by Property.
No. Go t ■ Yes. Wh 1 1 16364	to Part 2. There is the property? S Seymour Rd Eddress, if available, or other de		What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not d the amou Creditors	unt of any secure	d claims on <i>Schedule D:</i>
No. Go t Yes. Wh 1 16364 Street add	to Part 2. There is the property? S Seymour Rd Eddress, if available, or other de	scription	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Do not d the amou Creditors Current entire pr	unt of any secure s Who Have Clair value of the	d claims on Schedule D: ns Secured by Property. Current value of the
No. Go t Yes. Wh 1 1 16364 Street add	to Part 2. There is the property? I S Seymour Rd Iddress, if available, or other de	scription 48451-0000	What	st is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not d the amou Creditors Current entire pi \$ Describe	value of the roperty? 165,000.00 e the nature of y	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$82,500.0
No. Go t Yes. Wh 1 16364 Street add	to Part 2. There is the property? I S Seymour Rd Iddress, if available, or other de	scription 48451-0000	What	s is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Do not d the amot Creditors Current entire pr Describe (such as	value of the roperty? 165,000.00 e the nature of ys fee simple, tens	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$82,500.0
No. Go t Yes. Wh 1 1 16364 Street add	to Part 2. There is the property? I S Seymour Rd Iddress, if available, or other de	scription 48451-0000	What	s is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check or	Do not d the amou Creditors Current entire pr \$ Describe (such as a life est	value of the roperty? 165,000.00 e the nature of ys fee simple, tenstate), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$82,500.0
No. Go t Yes. Wh 1 1 16364 Street add	to Part 2. There is the property? I S Seymour Rd Iddress, if available, or other de	scription 48451-0000	What	s is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only	Do not d the amot Creditors Current entire pr Describe (such as	value of the roperty? 165,000.00 e the nature of ys fee simple, tenstate), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$82,500.0
No. Go t Yes. Wh 1 1 16364 Street add	to Part 2. There is the property? I S Seymour Rd Iddress, if available, or other de	scription 48451-0000	What	s is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only Debtor 2 only	Do not d the amou Creditors Current entire pr \$ Describe (such as a life est	value of the roperty? 165,000.00 e the nature of ys fee simple, tenstate), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$82,500.0
No. Go t Yes. Wh 1 1 16364 Street add Linder City Genes	to Part 2. There is the property? I S Seymour Rd Iddress, if available, or other de	scription 48451-0000	What	sis the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not d the amou Creditors Current entire pr \$ Describe (such as a life est Fee Si	value of the roperty? 165,000.00 e the nature of ys fee simple, tentate), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$82,500.0
No. Go t Yes. Wh 1 16364 Street add Linder City Genes	to Part 2. There is the property? I S Seymour Rd Iddress, if available, or other de	scription 48451-0000	What	s is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this	Do not d the amoto Creditors Current entire pi S Describe (such as a life est Fee Si Che (see	value of the roperty? 165,000.00 e the nature of ys fee simple, tentate), if known. mple eck if this is cominstructions)	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$82,500.0 Our ownership interest ancy by the entireties,
No. Go t Yes. Wh 1 16364 Street add City Genes	to Part 2. There is the property? I S Seymour Rd Iddress, if available, or other de	scription 48451-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this erty identification number:	Do not d the amoto Creditors Current entire pi S Describe (such as a life est Fee Si Che (see	value of the roperty? 165,000.00 e the nature of ys fee simple, tentate), if known. mple eck if this is cominstructions)	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$82,500.0 Our ownership interest ancy by the entireties,
No. Go t Yes. Wh 1 16364 Street add City Genes	to Part 2. There is the property? I S Seymour Rd Iddress, if available, or other de	scription 48451-0000	What	s is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this	Do not d the amou Creditors Current entire properties a life est Fee Si Che (see Sitem, such as	value of the roperty? 165,000.00 e the nature of ys fee simple, tentate), if known. mple eck if this is cominstructions)	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$82,500.0 Our ownership interest ancy by the entireties,

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debt	or 1 <u>S</u>	heila Kaye Ab	oramski		Case number (if known)	19-30207-dof
Ca	rs. vans.	trucks, tractors	s. sport utility ve	hicles, motorcycles		
. •	, vano,	truoko, truotor	o, oport utility vo	moles, moler dyoles		
	No					
•	Yes					
3.1	Make:	Dutch Hous	ie.	Who has an interest in the property? Check one		cured claims or exemptions. Put
5.1	Model:			■ Debtor 1 only		y secured claims on Schedule D: ave Claims Secured by Property.
	Year:	1992		Debtor 1 only Debtor 2 only		
		nate mileage:		Debtor 1 and Debtor 2 only	Current value of entire property?	
		ormation:		At least one of the debtors and another		, , , , , , , , , , , , , , , , , , , ,
	Mobile	Home				
				☐ Check if this is community property	\$7,50	0.00 \$7,500.00
				(see instructions)		
3.2	Make:	Ford		Who has an interest in the property? Check one		cured claims or exemptions. Put y secured claims on Schedule D:
	Model:	Escape		Debtor 1 only		ave Claims Secured by Property.
	Year:	2005		Debtor 2 only	Current value of	the Current value of the
	Approxin	nate mileage:	154000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	ormation:		At least one of the debtors and another		
					\$80	0.00 \$800.00
				☐ Check if this is community property (see instructions)	ΨΟΟ	
				n for all of your entries from Part 2, includin		\$8,300.00
.pc	iges you	nave attached	ioi i ait 2. wiite	unat number nere		
Part 3	Descri	he Your Personal	and Household Ite	ame		
				terest in any of the following items?		Current value of the
,			•			portion you own? Do not deduct secured claims or exemptions.
E		goods and furr Major appliances		, china, kitchenware		
	Yes. De	scribe				
		F	lousehold goo	ds and furnishings		\$2,500.00
. Ele	ectronics					
	kamples:	Televisions and		eo, stereo, and digital equipment; computers, pr	rinters, scanners; music o	collections; electronic devices
		including cell ph	ones, cameras, m	nedia players, games		
_	No	lb				
	Yes. De	scribe				
		1	Television			\$500.00
		<u> </u>	. 5.5			+530100
		-			1	
		C	Computer/Print	er		\$500.00

D	eptor i Shella Kaye	e Abramski Case number (n	known)	19-30207-dot
8.		d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stan iions, memorabilia, collectibles	np, coin,	or baseball card collections;
	☐ Yes. Describe			
9.	Equipment for sports a Examples: Sports, phot musical inst	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;	canoes a	and kayaks; carpentry tools;
	■ No □ Yes. Describe			
10	Examples: Pistols, rifle	es, shotguns, ammunition, and related equipment		
	☐ Yes. Describe			
11	□ No	clothes, furs, leather coats, designer wear, shoes, accessories		
	Yes. Describe			
		Clothing		\$1,000.00
12	Jewelry Examples: Everyday jo No Yes. Describe	ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches,	gems, g	old, silver
13	Non-farm animals Examples: Dogs, cats No Yes. Describe	birds, horses		
		1 Dog		\$100.00
14	Any other personal a■ No□ Yes. Give specific in	nd household items you did not already list, including any health aids you did no	t list	
1		of all of your entries from Part 3, including any entries for pages you have attact number here	hed	\$4,600.00
	art 4: Describe Your Fina			
D	o you own or have any	legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16	■ No	have in your wallet, in your home, in a safe deposit box, and on hand when you file yo	ur petitic	on
17	. Deposits of money Examples: Checking,	savings, or other financial accounts; certificates of deposit; shares in credit unions, bro . If you have multiple accounts with the same institution, list each.	kerage h	ouses, and other similar
	■ NO □ Yes	Institution name:		

De	ebtor 1	Sheila Kaye Abramski	C	Case number (if known)	19-30207-dof
18.		, mutual funds, or publicly traded stocks oles: Bond funds, investment accounts with bro	kerage firms, money market accounts		
	■ No				
	☐ Yes	Institution or issuer	name:		
19.		ublicly traded stock and interests in incorpo	rated and unincorporated businesses	, including an interest	in an LLC, partnership, and
	■ No				
	☐ Yes.	Give specific information about them		% of ownership:	
	Negoti Non-n	nment and corporate bonds and other nego iable instruments include personal checks, cas egotiable instruments are those you cannot tra	niers' checks, promissory notes, and mor	ney orders.	
	■ No				
	⊔ Yes.	Give specific information about them Issuer name:			
21.		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k), 4	03(b), thrift savings accounts, or other pe	nsion or profit-sharing p	olans
	■ No				
	☐ Yes.	List each account separately. Type of account:	Institution name:		
22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others					
	■ No		1 22 2		
	☐ Yes.		Institution name or individual:		
	Annuit ■ No	ies (A contract for a periodic payment of mone	y to you, either for life or for a number of	years)	
	☐ Yes	Issuer name and description.			
		ts in an education IRA, in an account in a qu C. §§ 530(b)(1), 529A(b), and 529(b)(1).	nalified ABLE program, or under a qua	lified state tuition pro	gram.
	Yes	Institution name and description	. Separately file the records of any intere	sts.11 U.S.C. § 521(c):	
	Trusts	, equitable or future interests in property (o	her than anything listed in line 1), and	rights or powers exe	cisable for your benefit
	_	Give specific information about them			
		s, copyrights, trademarks, trade secrets, and oles: Internet domain names, websites, procee	• • •	ts	
		Give specific information about them			
	Exam	es, franchises, and other general intangible of les: Building permits, exclusive licenses, coop		es, professional license	es
	■ No □ Yes.	Give specific information about them			
N/I		numerous sured to visua			Current value of the
IVIC	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you			
	■ No				
	LIYes	Give specific information about them, including	whether you already filed the returns an	d the tax vears	

Deb	tor 1	Sheila Kaye Abramski		Case number (if known)	19-30207-dof
		support bles: Past due or lump sum alim	ony, spousal support, child support, ma	aintenance, divorce settlement, property	settlement
	No				
	Yes. 0	Give specific information			
_	Examp	imounts someone owes you oles: Unpaid wages, disability in benefits; unpaid loans you		sick pay, vacation pay, workers' comper	esation, Social Security
	No Yes.	Give specific information			
		ts in insurance policies bles: Health, disability, or life ins	surance; health savings account (HSA);	credit, homeowner's, or renter's insuran	ce
	No				
] Yes. I	Name the insurance company of Company		Beneficiary:	Surrender or refund value:
	If you a someo		you from someone who has died ust, expect proceeds from a life insuran	ce policy, or are currently entitled to rece	vive property because
	No				
	I Yes.	Give specific information			
_	Examp		er or not you have filed a lawsuit or n sputes, insurance claims, or rights to su		
_	No	December of the second			
_	ı yes.	Describe each claim			
34. (Other c	contingent and unliquidated of	claims of every nature, including cou	nterclaims of the debtor and rights to	set off claims
	No				
	Yes.	Describe each claim			
_	Any fin] No	ancial assets you did not alre	eady list		
	Yes.	Give specific information			
			Garnishment during preference	e period	\$191.00
36.			entries from Part 4, including any en		\$191.00
Part	5: Des	scribe Any Business-Related Pro	perty You Own or Have an Interest In. Lis	any real estate in Part 1.	
37. D	o you o	own or have any legal or equitable	e interest in any business-related propert	y?	
	No. Go	to Part 6.			
	Yes. G	to to line 38.			
Part		scribe Any Farm- and Commercia ou own or have an interest in farmla	Il Fishing-Related Property You Own or H and, list it in Part 1.	ave an Interest In.	
46. [Do you	own or have any legal or equ	uitable interest in any farm- or comm	ercial fishing-related property?	
	No.	Go to Part 7.			
	☐ Yes.	Go to line 47.			
Part	7	Describe All Property You Own	or Have an Interest in That You Did Not I	ist Ahove	

Deb	tor 1	Sheila Kaye Abramski		Case number (if known)	19-30207-dof
		have other property of any kind you did not already list? les: Season tickets, country club membership			
	No				
	Yes. C	Give specific information			
54.	Add th	ne dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1:	: Total real estate, line 2			\$82,500.00
56.	Part 2:	: Total vehicles, line 5	\$8,300.00		
57.	Part 3:	: Total personal and household items, line 15	\$4,600.00		
58.	Part 4:	: Total financial assets, line 36	\$191.00		
59.	Part 5:	: Total business-related property, line 45	\$0.00		
60.	Part 6:	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7:	: Total other property not listed, line 54 +	\$0.00		
62.	Total p	personal property. Add lines 56 through 61	\$13,091.00	Copy personal property to	otal \$13,091.00
63.	Total o	of all property on Schedule A/B. Add line 55 + line 62			\$95,591.00

Schedule A/B: Property Official Form 106A/B page 6

Fill in this inform	nation to identify your	case:		
Debtor 1	Sheila Kaye Abra	mski		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F MICHIGAN	
Case number	19-30207-dof			
(if known)				Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt	
---	--

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)					
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.			
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
	1992 Dutch House Mobile Home	\$7,500.00		\$0.00	11 U.S.C. § 522(d)(1)		
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit			
	2005 Ford Escape 154000 miles	\$800.00		\$800.00	11 U.S.C. § 522(d)(2)		
	Line nom <i>Schedule N.D.</i> 3.2			100% of fair market value, up to any applicable statutory limit			
	Household goods and furnishings Line from Schedule A/B: 6.1	\$2,500.00		\$2,500.00	11 U.S.C. § 522(d)(3)		
	Ellie Holli Genedale PAD. G.1			100% of fair market value, up to any applicable statutory limit			
	1 Television Line from Schedule A/B: 7.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)		
	Line nom Schedule A/D. 7.1			100% of fair market value, up to any applicable statutory limit			
	Computer/Printer Line from Schedule A/B: 7.2	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)		
	Line nom Schedule PVD. 1.2			100% of fair market value, up to any applicable statutory limit			

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.					
	Clothing Line from Schedule A/B: 11.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)				
	Ellie II olii ooliodale 772. TTT			100% of fair market value, up to any applicable statutory limit					
	1 Dog Line from Schedule A/B: 13.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)				
	Ellie II olii ochicadic PAB. 1011			100% of fair market value, up to any applicable statutory limit					
	Garnishment during preference period	\$191.00		\$191.00	11 U.S.C. § 522(d)(5)				
	Line from Schedule A/B: 35.1			100% of fair market value, up to any applicable statutory limit					
3.	Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No								
	Yes. Did you acquire the property cover	red by the exemption wi	thin 1	,215 days before you filed this case	?				
	□ No □ Yes								

Fill in this information to identify	your case:				
Debtor 1 Sheila Kaye A		Name			
Debtor 2 (Spouse if, filing) First Name	Middle Name Last i	Name			
(Spouse II, IIIIIIg) FIIST Name	Wildlie Name Last i	varrie			
United States Bankruptcy Court for t	the: EASTERN DISTRICT OF MICHIGAN	<u> </u>			
Case number 19-30207-dof					
(if known)				☐ Check	if this is an
,				amend	led filing
Official Form 100D					
Official Form 106D					
Schedule D: Credito	rs Who Have Claims Sec	:ured	by Property	у	12/15
	ole. If two married people are filing together, bot I it out, number the entries, and attach it to this				
number (if known). 1. Do any creditors have claims secure	d by your property?				
<u> </u>	nit this form to the court with your other sched	dulas Vou	have nothing else t	o report on this form	
_	•	iules. Tou	Thave nothing else t	o report on this form.	
Yes. Fill in all of the informati	on below.				
Part 1: List All Secured Claims			Column A	Column B	Column C
	as more than one secured claim, list the creditor se has a particular claim, list the other creditors in Par		Amount of claim	Value of collateral	Unsecured
	betical order according to the creditor's name.		Do not deduct the	that supports this	portion
2.1 Citizens Bank	Describe the property that secures the cla	im:	value of collateral. \$45,000.00	claim \$165,000.00	If any \$16,000.00
Creditor's Name	16364 S Seymour Rd Linden, MI		· - ,		
	48451 Genesee County				
	Separated from Husband	لم			
	House is in foreclosure status an is not occupied	id			
328 S. Saginaw St.	As of the date you file, the claim is: Check a	all that			
Flint, MI 48502	apply. Contingent				
Number, Street, City, State & Zip Code	_ ☐ Unliquidated				
, , , , , , , , , , , , , , , , , , ,	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as mortgage)	ge or secur	red		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's	s lien)			
At least one of the debtors and another	_		t m a m a		
☐ Check if this claim relates to a community debt	Other (including a right to offset)	ond mor	igage		
		0705			
Date debt was incurred 2009	Last 4 digits of account number	9785			
2.2 MH Loans	Describe the property that secures the cla	im·	\$9,000.00	\$7,500.00	\$1,500.00
Creditor's Name	1992 Dutch House		ψ3,000.00	Ψ1,500.00	Ψ1,500.00
	Mobile Home				
2244 Faraday Ave Suite	As of the date you file, the claim is: Check a	all that			
92	apply.	III tilat			
Carlsbad, CA 92008	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as mortga	ge or secur	red		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)			
☐ At least one of the debtors and another		•			
☐ Check if this claim relates to a	Other (including a right to offset)				

Official Form 106D

community debt

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Sheila Kaye Abram		Case number (if known)	19-30207-dof	
First Name M	liddle Name Last Name			
Date debt was incurred	Last 4 digits of account number			
2.3 Seterus, Inc.	Describe the property that secures the claim:	\$136,000.00	\$165,000.00	\$0.00
Creditor's Name	16364 S Seymour Rd Linden, MI 48451 Genesee County Separated from Husband			
	House is in foreclosure status and is not occupied			
14523 Sw Millikan Way Beaverton, OR 97005	As of the date you file, the claim is: Check all that apply. Contingent	LI t		
Number, Street, City, State & Zip Cod	de Unliquidated Disputed			
Who owes the debt? Check one. Debtor 1 only Debtor 2 only	Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or car loan)	r secured		
Debtor 1 and Debtor 2 only At least one of the debtors and and	Statutory lien (such as tax lien, mechanic's lien	n)		
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgag	je		
Opened 01/03 L Active Date debt was incurred 3/16/18		33		
·	es in Column A on this page. Write that number here: n, add the dollar value totals from all pages.	\$190,000 \$190,000		
Part 2: List Others to Be Notif	ied for a Debt That You Already Listed			
trying to collect from you for a debt	rs to be notified about your bankruptcy for a debt that you owe to someone else, list the creditor in Part 1, arts that you listed in Part 1, list the additional creditors omit this page.	nd then list the collection ag	ency here. Similarly, if you l	nave more
Name, Number, Street, City, St Northbay Harbor Club 11567 Heron Bay Drive		which line in Part 1 did you en		
Fenton, MI 48430	Las	. Talgito of account number _	_	

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

						-		
Fill in this in	nformation to identify your ca	se:						
Debtor 1	Sheila Kaye Abram	ski						
	First Name	Middle Name	Last Nam	•				
Debtor 2 (Spouse if, filing)) First Name	Middle Name	Last Nam	•				
	,							
United State	es Bankruptcy Court for the:	EASTERN DISTRICT (OF MICHIGAN					
Case numbe	er 19-30207-dof							
(if known)							Check if this	s is an
							amended fili	ing
Official F	orm 106E/F							
	e E/F: Creditors Wh	o Have Unsec	ured Claim	2			1	2/15
	te and accurate as possible. Use I				or craditors with NO	IDDIODITY of		
Schedule D: Cleft. Attach the name and cas	Executory Contracts and Unexpire Creditors Who Have Claims Secure e Continuation Page to this page. ie number (if known).	ed by Property. If more s If you have no information	pace is needed, co	py the Par	t you need, fill it out,	number the	entries in the I	boxes on the
	ist All of Your PRIORITY Unse reditors have priority unsecured o							
	o to Part 2.	dams agamst you?						
_	o to Fait 2.							
Yes.	f your priority unsecured claims.	f a graditar has more than	one priority upoequ	od alaim li	at the graditar congret	alv for oach al	oim For oach	alaim liatad
identify wl possible,	hat type of claim it is. If a claim has l list the claims in alphabetical order a more than one creditor holds a partic	ooth priority and nonpriority according to the creditor's	y amounts, list that on name. If you have m	laim here a	and show both priority	and nonpriority	y amounts. As	much as
(For an ex	xplanation of each type of claim, see	the instructions for this fo	rm in the instruction	booklet.)	Total claim	Priority amount	Non amo	priority ount
2.1 *IRS	S	Last 4 digits of	f account number	5528	Unknown	ı	\$0.00	\$0.00
PO	rity Creditor's Name Box 7346 ladelphia, PA 19101-7346	When was the	debt incurred?	2017		_		
	ber Street City State Zip Code	As of the date	you file, the claim	is: Check a	all that apply			
Who inc	curred the debt? Check one.	☐ Contingent						
■ Debt	tor 1 only	☐ Unliquidate	d					
☐ Debt	tor 2 only	☐ Disputed						
☐ Debt	tor 1 and Debtor 2 only	Type of PRIOR	RITY unsecured cla	im:				
☐ At lea	ast one of the debtors and another	☐ Domestic s	upport obligations					
☐ Chec	ck if this claim is for a community	debt Taxes and	certain other debts y	ou owe the	government			
	laim subject to offset?		death or personal inj		•			
■ No		☐ Other. Spec	cify					
☐ Yes			Income Ta	x				
Part 2: Li	ist All of Your NONPRIORITY	Unsecured Claims					-	-
	reditors have nonpriority unsecur							
	ou have nothing to report in this part		ourt with your other	chedules				
Yes.	caa.ro nothing to report in this part	. Cashin and form to tile of	Jan Willing your ourier	onodulos.				
unsecure	f your nonpriority unsecured clair d claim, list the creditor separately for creditor holds a particular claim, list	or each claim. For each cla	im listed, identify wh	nat type of o	claim it is. Do not list cl	aims already i	included in Par	rt 1. If more

Schedule E/F: Creditors Who Have Unsecured Claims

Total claim

Debto	or 1 Sheila Kaye Abramski		Case number (if known) 19-30207-dof	
4.1	*Chase	Last 4 digits of account number	5351	\$1,500.00
	Nonpriority Creditor's Name PO Box 94014	When was the debt incurred?	2006	
	Palatine, IL 60094-4014 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	-		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Miscellane	ous Purchases	
4.2	*Telecheck	Last 4 digits of account number		Unknown
	Nonpriority Creditor's Name 5565 Glenridge Connector, N.E. Atlanta, GA 30342	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	 Obligations arising out of a separeport as priority claims 	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Notice only		
4.3	Aes/wells	Last 4 digits of account number	0001	Unknown
	Nonpriority Creditor's Name	_		
	Attn: Bankruptcy Dept Po Box 2461	When was the debt incurred?	Opened 04/08 Last Active 7/31/14	
	Harrisburg, PA 17105	When was the dept incurred:	7/31/14	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	Lateta	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	a ciaim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	g plans, and other similar debts	
	☐ Yes			
	□ res	Untrier. Specify		

Debtor	1 Sheila Kaye Abramski		Case number (if known)	19-30207-dof	
4.4	Aes/wells	Last 4 digits of account number	0002		Unknown
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 2461 Harrisburg, PA 17105 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i	Opened 04/08 Last 7/31/14	Active	
	Who incurred the debt? Check one.	_	S. Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	1 claim:		
	At least one of the debtors and another	Student loans	a ciaiii.		
	Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin	g plans, and other similar de	DIS	
	Yes	Other. Specify			
		Educationa	11		
4.5	Auburn Counseling Associates Nonpriority Creditor's Name	Last 4 digits of account number	6E39		\$53.00
	3600 S Dort Hwy Ste 44 Flint, MI 48507	When was the debt incurred?	2011		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin		ebts	
	Yes	Other. Specify Medical Se	rvices		
4.6	Caine & Weiner Nonpriority Creditor's Name	Last 4 digits of account number	6924		\$101.00
	Attn: Bankruptcy Po Box 5010	When was the debt incurred?	Opened 08/16		
	Woodland Hills, CA 91365				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	\square Debts to pension or profit-sharin	g plans, and other similar de	ebts	
	Yes	Other. Specify Collection	Attorney Progressive	Insurance	

1 Sheila Kaye Abramski	Case number (if known) 19-3	30207-dof
EPMG of MI	Last 4 digits of account number 9433	\$277.0
Nonpriority Creditor's Name P.O. Box 96115	When was the debt incurred? 2008	
Oklahoma City, OK 73143	- Acceptate that a file of a district of a second second	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you	did not
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical Services	
ERC/Enhanced Recovery Corp Nonpriority Creditor's Name	Last 4 digits of account number 7273	\$134.0
Attn: Bankruptcy	When was the debt incurred? Opened 12/17	
8014 Bayberry Road	<u></u>	
Jacksonville, FL 32256	_	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	did not
■ No	Debts to pension or profit-sharing plans, and other similar debts	
	_ Collection Attorney Charter	
Yes	Other. Specify Communications	
Flagstar Bank	Last 4 digits of account number 5528	\$676.0
Nonpriority Creditor's Name		
209 S. Alley Drive Fenton, MI 48430	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you	did not
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Bank Fees	

	19-30207-dof	Case number (if known)		Sheila Kaye Abramski
\$55,711.00		2889	Last 4 digits of account number	Huntington Bank
		2012	When was the debt incurred?	Nonpriority Creditor's Name 7 East Oval Columbus, OH 43219-6010
		: Check all that apply	As of the date you file, the claim i	Number Street City State Zip Code Who incurred the debt? Check one.
			☐ Contingent	Debtor 1 only
			☐ Unliquidated	Debtor 2 only
			☐ Disputed	Debtor 1 and Debtor 2 only
		claim:	Type of NONPRIORITY unsecured	☐ At least one of the debtors and another
			☐ Student loans	☐ Check if this claim is for a community
	that you did not	ation agreement or divorce	Obligations arising out of a sepa report as priority claims	debt Is the claim subject to offset?
	hte	nlans, and other similar de	Debts to pension or profit-sharin	No
		g plans, and other similar de	Other. Specify Misc	□ Yes
\$140.00		9913		Huron Valley Radiology
φ140.00			Last 4 digits of account number	Nonpriority Creditor's Name
		2009	When was the debt incurred?	PO Box 77000, Dept. 77034 Detroit, MI 48277-0034
		: Check all that apply	As of the date you file, the claim i	Number Street City State Zip Code Who incurred the debt? Check one.
			☐ Contingent	Debtor 1 only
			☐ Unliquidated	Debtor 2 only
			☐ Disputed	Debtor 1 and Debtor 2 only
		claim:	Type of NONPRIORITY unsecured	At least one of the debtors and another
			Student loans	Check if this claim is for a community
	that you did not	ation agreement or divorce	☐ Obligations arising out of a sepa report as priority claims	debt Is the claim subject to offset?
	bts	ı plans, and other similar de	Debts to pension or profit-sharin	■ No
	<u> </u>	•	Other. Specify Medical bill	□ Yes
\$50.00		8733		C System Inc
\$30.00			Last 4 digits of account number	Nonpriority Creditor's Name
		Opened 06/16	When was the debt incurred?	Attn: Bankruptcy P.O. Box 64378
		: Check all that apply	As of the date you file, the claim i	St. Paul, MN 55164 Number Street City State Zip Code Who incurred the debt? Check one.
			☐ Contingent	Debtor 1 only
			☐ Unliquidated	Debtor 2 only
			☐ Disputed	☐ Debtor 1 and Debtor 2 only
		claim:	Type of NONPRIORITY unsecured	☐ At least one of the debtors and another
			☐ Student loans	☐ Check if this claim is for a community
	that you did not	ation agreement or divorce	\square Obligations arising out of a sepa	debt
			report as priority claims	s the claim subject to offset?
		• •	Debts to pension or profit-sharin	No No
	ai Md Plc	Attorney Dilip M Des	Other. Specify Collection	☐ Yes

Sheila Kaye Abramski		Case number (if known)	19-30207-dof	
Kohls	Last 4 digits of account number	5528		\$1,0
Nonpriority Creditor's Name P.O. Box 3084	When was the debt incurred?	2017		
Milwaukee, WI 53201-3084 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
Who incurred the debt? Check one.	, 0 44.0 , 04 , 0.4	or oncor an anat apply		
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar de	bts	
□ Yes	Other. Specify Credit card			
Kohls/Capital One	Last 4 digits of account number	8154		\$1,6
Nonpriority Creditor's Name Kohls Credit	_	Onened 02/06 Leet	Activo	
Po Box 3120	When was the debt incurred?	Opened 03/06 Last 12/29/15	Active	
Milwaukee, WI 53201		12/20/10		
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
Who incurred the debt? Check one.	_			
Debtor 1 only	Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:		
☐ Check if this claim is for a community debt	☐ Student loans			
ls the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar de	bts	
☐ Yes	■ Other Specify Charge Acc	count		
National City	Last 4 digits of account number	4957		\$6,9
Nonpriority Creditor's Name P.O. Box 856153 Louisville, KY 40285-6153	When was the debt incurred?	2009		
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar de	bts	
☐ Yes	Other. Specify Miscellaneo			

Debtor	1 Sheila Kaye Abramski		Case number (if known)	19-30207-dof	
4.1 6	North Bay Harbor Club	Last 4 digits of account number	5528		\$9,000.00
	Nonpriority Creditor's Name 11567 Heron Bay Dr. Fenton, MI 48430	When was the debt incurred?	2010		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa	aration agreement or divorce	that you did not	
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-shari	ng plans, and other similar de	ahte	
	■ No □ Yes	·	• •	5015	
	☐ Yes	Other. Specify Deficiency	Dalatice		
4.1 7	Prudential Acceptance LLC	Last 4 digits of account number			\$3,500.00
	Nonpriority Creditor's Name c/o Goodman Frost PLLC 23000 W. 12 Mile Rd Ste 101	When was the debt incurred?	2012		
	Southfield, MI 48076	_			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	_				
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	al alabas		
	At least one of the debtors and another	Student loans	ed ciaim:		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agraement or diverse	that you did not	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	Yes	■ Other. Specify Misc debt			
4.1 8	PYOD LLC	Last 4 digits of account number			\$10.00
	Nonpriority Creditor's Name 55 Beattie Place Suite 110 Greenville, SC 29601	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a separate as priority alaims	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-shari	ng plane, and other similes de	phto	
	■ No				
	Yes	Other. Specify			

Debtor	1 Sheila Kaye Abramski	Case number (if known)	19-30207-dof	7-dof		
4.1 9	St Joseph Mercy Health System	Last 4 digits of account number	9068		\$1,119.00	
	Nonpriority Creditor's Name P.O. Box 382095 Pittsburgh, PA 15250	When was the debt incurred?	2009			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	\square Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not		
	No	☐ Debts to pension or profit-shari	ng plans, and other similar de	bts		
	Yes	■ Other. Specify Medical Se				
4.2 0	University of Phoenix Nonpriority Creditor's Name	Last 4 digits of account number	5695		\$1,900.00	
	Corporate Processing P.O. Box 29887	When was the debt incurred?	2008			
	Phoenix, AZ 85038 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.	,	, , , , , , , , , , , , , , , , , , , ,			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not		
	■ No	Debts to pension or profit-shari	ng plans, and other similar de	bts		
	☐ Yes	Other Specify misc				
4.2	Washavia		F294		£4 007 00	
1	Wachovia Nonpriority Creditor's Name	Last 4 digits of account number	5281		\$1,907.00	
	P.O. Box 94014	When was the debt incurred?	2008			
	Palatine, IL 60094-4014	- Ac of the date you file the claim	in Charle all that apply			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa	aration agreement or divorce	that you did not		
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-shari	ng plane, and other similar -!-	hte		
	■ No	·	= :	ມເຈ		
	Yes	Other. Specify Miscellane	ous			

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 10

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Sheila Kaye Abramski		Case number (if known)	19-30207-dof
Name and Address *Early Warnings 16552 N. 90th Street Scottsdale, AZ 85260	On which entry in Part 1 or Part 2 did y Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priorit ☐ Part 2: Creditors with Nonp	•
Name and Address *Equifax P.O. Box 740256 Atlanta, GA 30374	On which entry in Part 1 or Part 2 did y Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonp	
Name and Address *Experian P.O. Box 4500 Allen, TX 75013	On which entry in Part 1 or Part 2 did y Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonp	
Name and Address *Factortrust (TU) 695 Mansell Rd #200, Roswell, Roswell, GA 30076	On which entry in Part 1 or Part 2 did y Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonp	•
Name and Address *Transunion P.O. Box 1000 Crum Lynne, PA 19022	On which entry in Part 1 or Part 2 did y Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonp	
Name and Address Chex System 7805 Hudson Rd Saint Paul, MN 55125	On which entry in Part 1 or Part 2 did y Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priorit ☐ Part 2: Creditors with Nonp	
Name and Address Goodman Frost PLLC CPI Apartment Fund 20300 W 12 Mile Southfield, MI 48076	On which entry in Part 1 or Part 2 did y Line 4.17 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priorit ☐ Part 2: Creditors with Nonp	
Name and Address Huntingon National Bank P.O. Box 182519 Columbus, OH 43218	On which entry in Part 1 or Part 2 did y Line 4.10 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priorit ☐ Part 2: Creditors with Nonp	•
Name and Address Michigan Treasury 3rd Party Withholding* Financial Services Bureau PO Box 15125 Lansing, MI 48901	On which entry in Part 1 or Part 2 did y Line 4.18 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priorit ☐ Part 2: Creditors with Nonp	•
Name and Address Stenger & Stenger 4095 Embassy Dr. SE #A Grand Rapids, MI 49546	On which entry in Part 1 or Part 2 did y Line 4.18 of (Check one): Last 4 digits of account number	you list the original creditor? ☐ Part 1: Creditors with Priorit ☐ Part 2: Creditors with Nonp	
Name and Address US Attorney Civil Division 211 Fort Street, Suite 2300 Detroit, MI 48226	On which entry in Part 1 or Part 2 did y Line 2.1 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	•

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			1	otal Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
			T	otal Claim
6f.	Student loans	6f.	\$	0.00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	85,607.00
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	85,607.00
	6b. 6c. 6d. 6e. 6f. 6g. 6h. 6i.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d.	6a. Domestic support obligations 6a. \$ 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Fill in this infor	mation to identify your			
Debtor 1	Sheila Kaye Abra	mski		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN	
Case number	19-30207-dof			
(if known)				Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Northbay Harbor Club
11567 Heron Bay Drive
Fenton, MI 48430

State what the contract or lease is for
Lot Rental Contract
450.00 per month

Fill in this	s information to identify your	case:			
Debtor 1	Sheila Kaye Abra First Name	mski Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN		
Case num	19-30207-dof				☐ Check if this is an amended filing
	l Form 106H dule H: Your Cod	ebtors			12/15
people are fill it out, a	e filing together, both are equ	ally responsible for sup boxes on the left. Attac	pplying correct information the control of the cont	on. If more space is ne	te as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case	, do not list either spouse a	as a codebtor.	
■ No					
	thin the last 8 years, have you na, California, Idaho, Louisiana,				states and territories include
	. Go to line 3. s. Did your spouse, former spou	use, or legal equivalent li	ve with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guara	ntor or cosigner. Make s	ure you have listed th	with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zi	P Code		Column 2: The cree Check all schedules	ditor to whom you owe the debt s that apply:
3.1	Name			□ Schedule D, line □ Schedule E/F, line □ Schedule G, line	ne
	Number Street City	State	ZIP Code	-	
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line	ne
-	Number Street City	State	ZIP Code	-	

Official Form 106H Schedule H: Your Codebtors Page 1 of 1
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Fill	in this information to	o identify your ca	use:									
	otor 1	Sheila Kaye										
	otor 2 ouse, if filing)						_					
Uni	ted States Bankrupt	tcy Court for the:	EASTERN DISTRICT	OF MICHIG	SAN							
Cas	se number 19-	30207-dof						Chec	k if this is	:		
(If kn	nown)			-					n amend	ed filing		
_											g postpetition ollowing date:	
<u>O</u> 1	fficial Form	<u> 1061</u>						Ī	/M / DD/ `	YYYY		
S	chedule I: `	Your Inco	ome									12/15
spoi atta	use. If you are seponded a separate sheet the Describe Fill in your employers.	arated and you et to this form. (are married and not filir r spouse is not filing w On the top of any additi	ith you, do i onal pages,	not include	infor	mati	on abou	t your sp umber (if	ouse. If mo known). A	ore space is nswer every	needed,
	information.			Debtor 1	_						ling spouse	
If you have more th attach a separate p information about a		page with	Employment status		■ Employed □ Not employed				☐ Employed ☐ Not employed			
	employers.		Occupation	Cook								
	Include part-time, self-employed wor		Employer's name	Vicinia (Gardens							
	Occupation may ir or homemaker, if i		Employer's address		inia Way MI 48430							
			How long employed t	here?	1 Year				=			
Par	t 2: Give Det	ails About Mon	thly Income									
spou If yo	use unless you are s u or your non-filing s	separated. spouse have mo	re than one employer, co	•				·		·	,	J
ПОТ	e space, attach a se	parate sneet to	uns totti.					For De	btor 1		otor 2 or ng spouse	
2.	, ,	0 /	ry, and commissions (becalculate what the monthle	, ,		2.	\$	2	,080.00	\$	N/A	
3.	Estimate and list	monthly overti	me pay.			3.	+\$		0.00	+\$	N/A	
4.	Calculate gross I	Income. Add lin	e 2 + line 3.			4.	\$	2,0	80.00	\$	N/A	

Yes. Explain:

ΞiII	in this informa	ation to identify yo	our case:					
	tor 1	Sheila Kaye				Chan	k if this is:	
Den	tor r	Snella Kaye	Abramsi	(I			An amended filing	
Deb	tor 2						A supplement shov	ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bank	ruptcy Court for the	EASTE	RN DISTRICT OF MICHIG	ian	_	MM / DD / YYYY	
		9-30207-dof						
(lf kı	nown)							
Of	fficial Fo	rm 106J						
So	chedule	J: Your	Exper	nses				12/15
Be	as complete ormation. If m nber (if know	and accurate as	s possible eded, atta ry questio	. If two married people ar ich another sheet to this				
1.	Is this a join		iloid					
	■ No. Go to		in a separ	ate household?				
	= ::	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debt	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
								Yes
								□ No
							·	☐ Yes
								□ No
3.	Do vour exi	penses include	_					☐ Yes
0.	expenses o	f people other t	han $_{m \Box}$	No				
	yourself an	d your depende	nts? ⊔	Yes				
Par	t 2: Estim	nate Your Ongoi	na Monthi	lv Expenses				
Est exp	imate your ex	xpenses as of you	our bankr	uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of suc ficial Form 10		d have inc	cluded it on Schedule I: Y	our Income		Your expe	enses
(Oil	ilciai Folili IC	Joi.)						
4.		or home owners		ses for your residence. In or lot.	nclude first mortgage	4. \$		250.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		erty, homeowner's	s, or renter	's insurance		4b. \$		0.00
	•	•		upkeep expenses		4c. \$		0.00
		eowner's associat				4d. \$		0.00
5.	Additional I	mortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Schedule J: Your Expenses 19-30207-dof Doc 8 Filed 02/12/19 Entered 02/12/19 12:27:46 Page 27 of 36 Official Form 106J

Official Form 106J Schedule J: Your Expenses

Fill in this inform	nation to identify yo	ur case:		
Debtor 1	Sheila Kaye Ab	oramski		
	First Name	Middle Name	Last Name	
Debtor 2	First Name	Middle Messe	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the	EASTERN DISTRICT O	F MICHIGAN	
Case number 1	9-30207-dof			
(if known)				☐ Check if this is an amended filing
Official Form	n 106Dec			
Declarati	ion About	an Individual	Debtor's Sci	chedules 12/1
If two married peo	ople are filing toget	her, both are equally respor	sible for supplying corre	rect information.
obtaining money		d in connection with a bank		i. Making a false statement, concealing property, or in fines up to \$250,000, or imprisonment for up to 20
Sign	Below			
Did you pay	or agree to pay so	meone who is NOT an attori	ney to help you fill out ba	pankruptcy forms?
■ No				
☐ Yes. N	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119
Under penalt	ty of pariury I doals	re that I have read the sum	mary and schodules filed	d with this declaration and

that they are true and correct.

X /s/ Sheila Kaye Abramski
Sheila Kaye Abramski
Signature of Debtor 1

Date January 29, 2019

X Signature of Debtor 2

Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill	in this infor	mation to identify you	r case:			
Deb	tor 1	Sheila Kaye Abr				
	tor 2	First Name	Middle Name Middle Name	Last Name Last Name		
` '	. 0,	inkruptcy Court for the:	EASTERN DISTRICT OF			
		40.0007.1.6				
(if kno	_	19-30207-dof			_	Check if this is an mended filing
Sta Be a infor	s complete a	of Financial	attach a separate sheet to	are filing together, both are	ankruptcy equally responsible for sup y additional pages, write you	
		, , , , , ,	nrital Status and Where You	Lived Before		
1.	What is you	r current marital statu	ıs?			
	■ Married □ Not ma					
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	st all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>.</i>	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor co, Texas, Washington and V	
Part		ake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	ificial Form 106H).		
raii	Ехріа	in the Sources of You	i income			
	Fill in the total	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No ■ Yes. Fil	Il in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$1,700.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

:	Ara aithar	Debtor 1'	s or Dal	ntor 2's a	dahte n	rimarily o	Oncumar	dahte?

□ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

□ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

■ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1° alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner r more of their votin	erships of which y g securities; and	you are a gener any managing a	al partner; corporations agent, including one for
	■ No					
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi		ments or transfer a	any property on	account of a d	ebt that benefited an
	No No					
	Yes. List all payments to an insider	D-1	T-1-1-1	A	D (4.1
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment litor's name
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
	Pyod Lic vs SHEILA ABRAMSKI, SHEILA GORDON 134190GC	CIVIL JUDGMENT	LIVINGSTON COUNTY 53RD DISTRICT-HOWELL		☐ Pending ☐ On appe ☐ Conclud	eal
					- 14,810.0	00
	Prudential Acceptance vs SHEILA ABRAMSKI 131036GC	CIVIL JUDGMENT	LIVINGSTON C 53RD DISTRIC		☐ Pending☐ On appe☐ Conclud	eal
					- 6,655.00	•
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		rty repossessed, f	foreclosed, garn	ished, attache	d, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Dat	•	Value of the
	Creditor Name and Address	Describe the Property Explain what happened	ı	Dat	е	property
	Prudential Acceptance LLC	wages		1/2	5/19	\$191.00
	23000 W. 12 Mile Rd Ste 101 Southfield, MI 48076	☐ Property was reposse☐ Property was foreclose				
		Property was garnished	ed.			
		☐ Property was attached	d, seized or levied.			

Case number (if known) 19-30207-dof

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Sheila Kaye Abramski

Debte	or 1 Sheila Kaye Abramski		Case number (if known)	19-30207-dof
a	Nithin 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details.		or financial institution,	set off any amounts from your
	Creditor Name and Address	Describe the action the creditor took	Date a taken	action was Amount
•	Nithin 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		session of an assignee	e for the benefit of creditors, a
Part	5: List Certain Gifts and Contributions			
13. V	Nithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600	otcy, did you give any gifts with a total value. Describe the gifts) per person? you gave Value
	per person Person to Whom You Gave the Gift and Address:	Describe the girts	the gif	, ,
•	Nithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or cor	ons with a total value o	of more than \$600 to any charity?	
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	tal Describe what you contributed	Dates contri	
Part	6: List Certain Losses			
	Nithin 1 year before you filed for bankruptor gambling? ■ No □ Yes. Fill in the details.	cy or since you filed for bankruptcy, did	l you lose anything bed	cause of theft, fire, other disaster,
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the nolude the amount that insurance has paid. Insurance claims on line 33 of Schedule A/E	List pending loss	of your Value of property lost
Part	7: List Certain Payments or Transfers			
li -	Nithin 1 year before you filed for bankrupt consulted about seeking bankruptcy or princlude any attorneys, bankruptcy petition pre No Yes. Fill in the details.	eparing a bankruptcy petition?		
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of any pro transferred		payment Amount of payment payment
	Frego & Associates - The Bankruptcy Law 23843 Joy Road Dearborn Heights, MI 48127	y Retainer Fee	11/16	/18 \$100.00

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

17.	promised to help you deal with your creditors Do not include any payment or transfer that you l						
	☐ Yes. Fill in the details. Person Who Was Paid Address	Description and va	alue of any prop	erty	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details.	siness or financial affa le as security (such as the	irs? ne granting of a s				
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferr			any property or received or debts change	Date transfer was made	
19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.		/ property to a s	self-settled tro	ust or similar device o	of which you are a	
	Name of trust Description and value of the property transferred Date Transfer was made						
	List of Certain Financial Accounts, Instruction Within 1 year before you filed for bankruptcy, sold, moved, or transferred?	•	•	•	n your name, or for yo	ur benefit, closed,	
:	Include checking, savings, money market, or houses, pension funds, cooperatives, associa No Yes. Fill in the details.				nares in banks, credit	unions, brokerage	
		Last 4 digits of account number	Type of accourtinstrument	clo mo	te account was osed, sold, oved, or insferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 ye cash, or other valuables? No Yes. Fill in the details.	ear before you filed for	bankruptcy, any	y safe deposi	t box or other deposit	tory for securities,	
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?	
22.	Have you stored property in a storage unit or No Yes. Fill in the details.	place other than your	home within 1 y	ear before yo	ou filed for bankruptc	y?	
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?	

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Par	19: Identify Property You Hold or Control for	r Someone Else							
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you	u borrowed from, are storing fo	r, or hold in trust				
	■ No								
	Yes. Fill in the details. Owner's Name	Where is the preparty?	Door	oribo the property	Value				
	Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Desi	cribe the property	value				
Par	dive Details About Environmental Inform	nation							
For	the purpose of Part 10, the following definitions	s apply:							
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	l sites.		•					
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they	occurred.					
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e unde	er or in violation of an environm	ental law?				
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?								
	No No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admin	istrative proceeding under any env	rironm	ental law? Include settlements	and orders.				
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natu	ure of the case	Status of the case				
Par	111: Give Details About Your Business or Co	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of t	he following connections to an	y business?				
☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
	☐ A member of a limited liability compan	y (LLC) or limited liability partnersh	nip (LL	.P)					
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	An officer, director, or managing executive of a corporation							
	An owner of at least 5% of the voting of	er aquity socurities of a corneration							

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Sheila Kaye Abramski		Case number (if known) 19-30207-dof
■ No. None of the above applies. Go to	Part 12.	
Yes. Check all that apply above and fil	I in the details below for each business	
Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
institutions, creditors, or other parties.	tcy, did you give a financial statement t	o anyone about your business? Include all financial
Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part 12: Sign Below		
are true and correct. I understand that making a with a bankruptcy case can result in fines up to 18 U.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property,	d I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection years, or both.
/s/ Sheila Kaye Abramski Sheila Kaye Abramski	Signature of Debtor 2	
Signature of Debtor 1	Signature of Debtor 2	
Date January 29, 2019	Date	
Did you attach additional pages to Your Statement No ☐ Yes	ent of Financial Affairs for Individuals F	Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is no ■ No	t an attorney to help you fill out bankru	ptcy forms?
☐ Yes. Name of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declaration	on, and Signature (Official Form 119).